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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

L00000012431

ACCEPTED AND FILED
02 DEC -9 PM 12:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000012431

Name and Mailing Address

0004289 01 FP 0.352 **PRSRT T3 0 0615 33432-740460

SEAN, LLC
1515 S. FEDERAL HWY
SUITE 210
BOCA RATON FL 33432-7404

2. New Mailing Address
1200 N. Federal Highway Suite 200
City, State, Zip
Boca Raton FL 33432

4. State/Country of Formation
FL

5. Date Organized or Qualified To Do Business in Florida
10/12/2000

Principal Place of Business
1200 N ~~1515 S.~~ FEDERAL HWY
SUITE ~~210~~ 200
BOCA RATON FL 33432

3. New Principal Place of Business Address
1200 N Federal Hwy #200
City, State, Zip
Bocaraton FL 33432

6. FEI Number
65-1051954
☐ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

CR2E084 (8/02)

8. Name and Address of Current Registered Agent

FEINGOLD, DAVID J ESQ.
3300 PGA BLVD., STE. 410
PALM BEACH GARDENS FL 33410

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent _____ Date 11/25/02
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	ZAUSNER, SEAN	1515 S. FEDERAL HWY - SUITE 210	BOCA RATON FL 33432

REINSTATEMENT 2002

000009009690
11/14/02--01105--001 **150.00

TB

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager _____ Date 10/29/02 Daytime Phone # 8004245271

Typed or printed name of signing Managing Member/Manager